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### Contributions of "Letters to the Editor" and News and Notes

The Editorial Board will be glad to receive and consider for publication letters containing information of general interest to physicians throughout the State or presenting constructive criticisms on controversial issues of the day. Also News and Notes items regarding the affairs and activities of hospitals, individuals, communities and local medical societies and groups throughout the State.

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County society secretaries are requested to notify California Medicine promptly when changes are indicated in their roster information

<p><b>ALAMEDA-CONTRA COSTA Medical Assn.,</b> 6230 Claremont Ave., Oakland 18. Meets quarterly.</p> <p>Dan Tucker.....President 6301 Bullard Dr., Oakland Carl Goetsch.....Secretary 2915 Telegraph Ave., Berkeley</p> <p><b>BUTTE-GLENN Medical Society,</b> P. O. Box 1008, Chico. Meets Fourth Thursday.</p> <p>Charles S. McCulloch.....President 101 West 2nd Ave., Chico Jay O. Gibson.....Secretary 170 E. 2nd Ave., Chico</p> <p><b>FRESNO County Medical Society,</b> 2155 Amador, Fresno. Meets Second Tuesday, 6:30 p.m., Sunnyside Country Club.</p> <p>David R. Taylor.....President 1237 "R" St., Fresno Harlan F. Fulmer.....Secretary 530 W. Floradora Ave., Fresno</p> <p><b>HUMBOLDT-DEL NORTE County Medical Society,</b> Meets Second Thursday.</p> <p>Don J. Lowe.....President 730 - 7th St., Eureka Robert L. Devine.....Secretary 730 - 7th St., Eureka</p> <p><b>IMPERIAL County Medical Society,</b> Meets Second Tuesday, 8 p.m., Pioneer Memorial Hospital, Brawley.</p> <p>Donald C. Zavala.....President 239 S. 8th St., El Centro Ernest Brock.....Secretary 200 S. Imperial Ave., Imperial</p> <p><b>INYO-MONO County Medical Society,</b> Meets Fourth Tuesday except December, January, February.</p> <p>Evan E. Knecht.....President 512 W. Line St., Bishop Donald L. Christenson.....Secretary 124 N. Main St., Lone Pine</p> <p><b>KERN County Medical Society,</b> 2603 G Street, Bakersfield. Meets Third Tuesday, 7:30 p.m., Society Office, 2603 G Street, except June, July, August.</p> <p>Harold C. Freedman.....President 406 James St., Shafter Max Newman.....Secretary 1420 Crestmont Dr., Bakersfield</p> <p><b>KINGS County Medical Society,</b> Meets Second Thursday, 7:00 p.m. Place to be announced.</p> <p>Willard S. Bridwell.....President 1028 N. Doury, Hanford E. E. Kerr.....Secretary 208 No. Doury, Hanford</p> <p><b>LASSEN-PLUMAS-MODOC-SIERRA County Medical Society,</b> Meets on call.</p> <p>C. C. Henriques.....President 50 N. McDow St., Susanville J. F. Narkevitz.....Secretary P. O. Box 637, Quincy</p> <p><b>LOS ANGELES County Medical Assn.,</b> 1925 Wilshire Blvd., Los Angeles 57. Meets First and Third Thursdays, 1925 Wilshire Blvd., Los Angeles.</p> <p>Ian G. Macdonald.....President 1925 Wilshire Blvd., Los Angeles 57 Richard L. Taw.....Secretary 1925 Wilshire Blvd., Los Angeles 57</p> <p><b>MADERA County Medical Society.</b></p> <p>Robert B. Rowe.....President 525 E. Yosemite Ave., Madera Jack A. Bick.....Secretary 812 W. Yosemite Ave., Madera</p> <p><b>MARIN Medical Society,</b> 1601 Second St., Suite 106, San Rafael. Meets First Thursday, 7:00 p.m.</p> <p>J. J. Arons.....President 711 D St., San Rafael Calvin Plumbhof.....Secretary 711 D St., San Rafael</p> <p><b>MENDOCINO-LAKE County Medical Society.</b></p> <p>Carl M. J. Aagaard.....President 206 S. Oak St., Ukiah Patrick R. Allanson.....Secretary 728 S. State St., Ukiah</p> <p><b>MERCED County Medical Society,</b> Meets Fourth Thursday, Hotel Tioga, Merced.</p> <p>J. Neil Medefind.....President 652 West 20th St., Merced Patrick J. Maloney.....Secretary 656 West 20th St., Merced</p>	<p><b>MONTEREY County Medical Society,</b> P. O. Box 308, Salinas. Meets First Thursday.</p> <p>A. F. Kandlbinder.....President 835 Cass St., Monterey Osman Hull.....Secretary 716 Cass St., Monterey</p> <p><b>NAPA County Medical Society,</b> Meets Second Wednesday, 980 Trancas St., Napa.</p> <p>Thomas W. Ledwich.....President 980 Trancas St., Napa Erwin Walla.....Secretary 1775 Lincoln St., Napa</p> <p><b>ORANGE County Medical Association,</b> 300 S. Flower, Orange. Meets First Tuesday, 7:00 p.m.</p> <p>William K. Friend.....President 1125 E. 17th St., Santa Ana Waynard W. Lowe.....Secretary 1321 N. Harbor, Fullerton</p> <p><b>PLACER-NEVADA County Medical Society,</b> Meets Second Wednesday.</p> <p>F. Lynn Smith.....President P. O. Box 757, Colfax Arthur R. Weaver.....Secretary 701 High St., Auburn</p> <p><b>RIVERSIDE County Medical Association,</b> 4175 Brockton Ave., Riverside. Meets Second Monday, 8:00 p.m., El Loro Room, Mission Inn.</p> <p>G. Charles Budenz.....President 4041 Brockton Ave., Riverside Lester Kanter.....Secretary 3971 Brockton Ave., Riverside</p> <p><b>SACRAMENTO Society for Medical Improvement,</b> 5380 Elvas Ave., Sacramento 19. Meets Third Tuesday, 8:30 p.m., Sutter Hospital Auditorium.</p> <p>Joel T. Janvier.....President 5495 Carlson Dr., Sacramento Orrin S. Cook.....Secretary 1116 - 26th St., Sacramento</p> <p><b>SAN BENITO County Medical Society,</b> Meets once a month, except July and August. Time and place to be announced.</p> <p>Jack O. Bradt.....President 471 - 4th St., Hollister Cole Manes.....Secretary 956 San Benito St., Hollister</p> <p><b>SAN BERNARDINO County Medical Society,</b> 1875 N. D St., San Bernardino. Meets First Tuesday, 8:00 p.m., San Bernardino County Charity Hospital.</p> <p>William L. Cover.....President 575 W. 5th St., San Bernardino George W. Smith.....Secretary 1374 Waterman Ave., San Bernardino</p> <p><b>SAN DIEGO County Medical Society,</b> 3427 - 4th Ave., San Diego 3. Meets Second Tuesday, San Diego Club, 1250 Sixth Ave., San Diego 10.</p> <p>Winston C. Hall.....President 2850 - 6th Ave., San Diego Robert L. Hippen.....Secretary 2850 - 6th Ave., San Diego</p> <p><b>SAN FRANCISCO Medical Society,</b> 250 Masonic Ave., San Francisco 18.</p> <p>Eugene M. Webb.....President 250 Masonic Ave., San Francisco 18 Edgar Wayburn.....Secretary 490 Post St., San Francisco</p> <p><b>SAN JOAQUIN County Medical Society,</b> Meets First Thursday, 8:15 p.m., 445 W. Acacia St., P. O. Box 230, Stockton.</p> <p>John T. McNally.....President 1610 N. El Dorado St., Stockton Dora A. Lee.....Secretary 2420 N. California St., Stockton</p> <p><b>SAN LUIS OBISPO County Medical Society,</b> Meets Third Saturday, 7:00 p.m., Anderson Hotel, San Luis Obispo.</p> <p>Chalmer Ferris.....President 1170 Marsh St., San Luis Obispo Louis M. Tedone.....Secretary 1170 Marsh St., San Luis Obispo</p> <p><b>SAN MATEO County Medical Society,</b> 122 El Camano Real, San Mateo. Meets Third Tuesday.</p> <p>John T. Saidsy.....President 1 Baywood Ave., San Mateo Ward L. Hart.....Secretary 1100 Laurel St., San Carlos</p>	<p><b>SANTA BARBARA County Medical Society,</b> 300 W. Pueblo St., Santa Barbara. Meets Second Monday, Cottage Hospital.</p> <p>W. Kenneth Jennings.....President 222 W. Pueblo St., Santa Barbara T. K. Hill.....Secretary 300 W. Pueblo St., Santa Barbara</p> <p><b>SANTA CLARA County Medical Society,</b> 1960 The Alameda, San Jose 26. Meets Third Monday except in July and August.</p> <p>Robert L. Dennis.....President San Jose Hospital, 14th St. and E. Santa Clara, San Jose G. I. Smith.....Secretary 100 Connor Dr., San Jose</p> <p><b>SANTA CRUZ County Medical Society,</b> Meets every Second Month, Second Tuesday. Time, place to be announced.</p> <p>James B. Vail.....President 224 Alta Vista Dr., Santa Cruz John W. Morris.....Secretary 230 Walnut Ave., Santa Cruz</p> <p><b>SHASTA-TRINITY County Medical Society,</b> Meeting time, 7:00 p.m. Place and date to be announced.</p> <p>George A. Martin.....President 1548 Market St., Redding Vonnice Dunston.....Secretary 1710 Placer St., Redding</p> <p><b>SISKIYOU County Medical Society,</b> Meets Sunday on call.</p> <p>Andrew M. Larsen.....President Box 246, McCloud Jack Landon.....Secretary 750 S. Main St., Yreka</p> <p><b>SOLANO County Medical Society,</b> Meets Second Tuesday, 8:00 p.m., at different meeting places.</p> <p>William J. Olson.....President 740 Texas St., Fairfield Albert Cohn.....Secretary 609 Georgia St., Vallejo</p> <p><b>SONOMA County Medical Society,</b> 121 Sotoyome St., Santa Rosa. Meets Second Thursday.</p> <p>Robert H. Butler.....President 121 Sotoyome St., Santa Rosa Richard T. Johnston.....Secretary 121 Sotoyome St., Santa Rosa</p> <p><b>STANISLAUS County Medical Society,</b> 303 Downey Ave., Modesto. Meets Third Tuesday of the month, 7 p.m., Hotel Covell, Modesto.</p> <p>Robert W. Purvis.....President 709 - 18th St., Modesto. John S. Woolley.....Secretary 303 Downey Ave., Modesto</p> <p><b>TEHAMA County Medical Society,</b> Meets at call of President.</p> <p>James Faulkner.....President 420 Pine St., Red Bluff Clarence Winning.....Secretary 530 Main St., Red Bluff</p> <p><b>TULARE County Medical Society,</b> 1640 West Mineral King, P.O. Box 16, Visalia.</p> <p>William D. Clinite.....President P.O. Box 16, Visalia James W. Goettle.....Secretary P.O. Box 16, Visalia</p> <p><b>VENTURA County Medical Society,</b> Meets Second Tuesday, 7:15 p.m., Colonial House, Oxnard.</p> <p>Noble A. Powell, Jr.....President 515 South C St., Oxnard F. K. Helbling.....Secretary 3081 Loma Vista Rd., Ventura</p> <p><b>YOLO County Medical Society,</b> Meets First Wednesday.</p> <p>Harry S. Friesen.....President 500 First St., Woodland John Payne.....Secretary Woodland Clinic Memorial Hospital, 650 Third St., Woodland</p> <p><b>YUBA-SUTTER-COLUSA County Medical Society,</b> 370 Del Norte Ave., Yuba City. Meets Second Tuesday.</p> <p>Charles E. Clement.....President 725 Fourth St., Marysville Norman K. Noordhoff.....Secretary 320 G St., Marysville</p>
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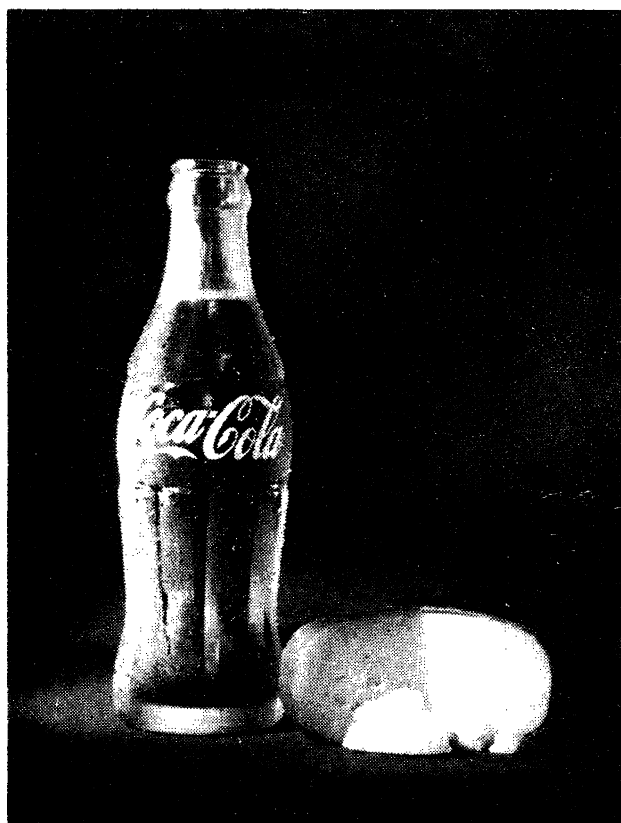
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## Facts About Nursing Needs in California

Here are some facts about nursing and nursing needs in California:

In 1950 California had a ratio of 353 registered professional nurses in active practice per 100,000 population; by 1957 this ratio had declined to 269.

The ratio of all nurses (active and inactive) in California in 1960 was estimated to be 450 per 100,000 population. The ratio varied from 209 per 100,000 population in the Imperial Valley area to 598 in the San Francisco-Oakland area. Of nurses residing in California (estimate is about 70,670) only about 60 per cent are in active practice.

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### CONTINUING EDUCATION COURSES STARTING DATES—FALL, 1962

Surgical Technic, Two Weeks.....	Two Weeks, Sept. 10, Nov. 5
Surgery of Colon & Rectum.....	One Week, Sept. 17
Surgery of Stomach & Duodenum.....	One Week, Sept. 24
Vaginal Approach to Pelvic Surgery.....	One Week, Sept. 10
Gynecology, Office & Operative.....	Two Weeks, Sept. 17
Obstetrics, General & Surgical.....	Two Weeks, Oct. 8
Urology.....	Two Weeks, Oct. 29
Proctoscopy & Sigmoidoscopy.....	One Week, Sept. 10
General Practice Review.....	One Week, Oct. 8
Gallbladder Surgery.....	3 Days, Oct. 8
Surgery of Hernia.....	3 Days, Oct. 11
Basic Electrocardiography.....	One Week, Oct. 1
Board Review, Internal Medicine—Part I.....	Sept. 10
Advances in Medicine.....	One Week, Oct. 15
Advances in Surgery.....	One Week, Dec. 10
Blood Vessel Surgery.....	One Week, Oct. 22
Board of Surgery Review, Part I.....	Two Weeks, Nov. 5
Board of Surgery Review, Part II.....	Two Weeks, Nov. 26
Fractures & Traumatic Surgery.....	Two Weeks, Oct. 1

Information concerning numerous other continuation courses available upon request.

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California now prepares only about 25 per cent of the nurses it uses. The remainder come from other states and other countries.

In September 1961 there were 57 accredited schools of nursing which prepared nurses for licensing as registered nurses. Of these 16 offered baccalaureate programs, 20 offered associate degree programs, and 21 offered diploma programs, of which two now are admitting no additional students.

In 1960, 1,288 students were graduated from basic nursing programs. Of these 280 were from baccalaureate degree programs, 234 were associate degree programs and 774 were from diploma programs.

To meet nursing needs in California in the future, it is estimated that about 9,500 new registered nurses will be needed each year. Assuming that California will continue to attract approximately 4,400 nurses each year from other states and other countries, it is estimated that California schools of nursing will need to graduate about 5,100 students per year. This is more than four times the number now being graduated.

There are now 47 accredited schools of vocational nursing in California. In 1961 these schools graduated 1,600 students.

## Need for Nurses In California

These factors are bringing about the need for additional nursing services:

1. The rapidly increasing population in California (from 16,000,000 in 1962 to an estimated 25,000,000 plus in 1975).

2. The increase in the number of people using hospitals and the frequency of such use.

3. The need for additional hospital beds to meet increased demands.

4. The shift from long-term to short-term hospital stay for patients with acute illnesses.

5. Wider health coverage for all age groups.

6. Changes of patterns of care in hospitals (progressive care, team nursing, etc.)

7. New practices in the care of the mentally ill (day-night services, mental health clinics, group therapy, psychiatric wards in general hospitals).

8. Needs of the chronically ill, and the rapidly increasing population over 65 years of age.

9. Development of home care programs and nursing homes.

10. Rising birth rate resulting in an increase in maternal and child care activities.

11. Increase in the number of tuberculosis patients treated at home and the recently announced goal of ultimately eradicating tuberculosis as a public health problem.

# BOOKS RECEIVED

Books received by CALIFORNIA MEDICINE are acknowledged in this column. Selections will be made for more extensive review in the interest of readers as space permits.

**ACQUIRED SURGICAL LESIONS OF THE ESOPHAGUS**—Clifford F. Storey, M.D. Charles C. Thomas, Publisher, 301-327 East Lawrence Avenue, Springfield, Illinois, 1962. 365 pages, \$19.00.

**BEE VENOM — THE NATURAL CURATIVE FOR ARTHRITIS AND RHEUMATISM**—Joseph Broadman, M.D. G. P. Putnam's Sons, 210 Madison Avenue, New York 16, New York, 1962. 220 pages, \$4.95.

**BETWEEN US WOMEN—A Woman Doctor's Handbook on Pregnancy and Birth**—Dr. Laura E. Weber. Doubleday & Company, Inc., 575 Madison Avenue, New York 22, New York, 1962. Paperbound, 153 pages, \$1.95.

**BODY FLUID DISTURBANCES**—edited by W. D. Snively, Jr., M.D., with seven contributors: M. J. Sweeney, M.D., William H. Hall, Lt. Col. MC, Joseph M. LaPresti, M.D., George Kulick, M.D., Morton D. Pareira, M.D., George F. Schmitt, M.D., and Curtis P. Artz, M.D. From a symposium on Fluid Balance, American Medical Association, 1961. Grune & Stratton, Inc., 381 Park Avenue South, New York 16, New York, 1962. 122 pages, \$4.75.

**CIBA FOUNDATION SYMPOSIUM (Jointly with Coordinating Committee for Symposia on Drug Action) on ENZYMES AND DRUG ACTION.** Editor for the Coordinating Committee, J. L. Mongar, Ph.D.; Editor for the Ciba Foundation, A. V. S. de Reuck, M.Sc., D.I.C. Little, Brown and Company, 34 Beacon Street, Boston, Massachusetts, 1962. 556 pages, \$12.50.

**CIBA FOUNDATION SYMPOSIUM — TUMOUR VI-RUSES OF MURINE ORIGIN**—G. E. W. Wolstenholme, O.B.E., M.A., M.B., M.R.C.P., and Maeve O'Connor, B.A., Editors for the Ciba Foundation. Little, Brown and Company, 34 Beacon Street, Boston, Massachusetts, 1962. 441 pages, \$10.75.

**CLINICAL OBSTETRICS AND GYNECOLOGY—March 1962—A Quarterly Book Series—Volume 5, Number 1—The Newborn**, Edited by Michael Newton, M.D., and **Office Gynecology**, Edited by Roger B. Scott, M.D. Published by Hoeber Medical Division of Harper & Brothers, 49 East 33rd Street, New York 16, New York, 1962. The series is published quarterly, \$18.00 a year (sold by subscription only). 320 pages.

**CONSUMERS UNION REPORT ON FAMILY PLAN-NING, THE** — prepared by the Editors of *Consumer Reports* and Alan F. Guttmacher, M.D., Director of Obstetrics and Gynecology at Mount Sinai Hospital of New York, Clinical Professor of Obstetrics and Gynecology at the College of Physicians and Surgeons of Columbia University, and President-elect of the Planned Parenthood Federation of America. Copies of this booklet may be obtained at \$1 a copy if *Consumer Reports* subscribers, or \$1.75 if not subscribers, from Consumers

Union, Dept. R, Mount Vernon, New York, 1962. First Printing, 146 pages, paperback. (Consumers Union, Publishers of *Consumer Reports*.)

**CURRENT PSYCHIATRIC THERAPIES—Volume II—1962, An Annual Publication**—edited by Jules H. Masserman, M.D., Professor of Neurology and Psychiatry, Northwestern University. Grune & Stratton, Inc., 381 Park Avenue South, New York 16, New York, 1962. 289 pages, \$8.75.

**DIAGNOSIS AND MANAGEMENT OF PAIN SYNDROMES** — Bernard E. Finneson, M.D., F.A.C.S., Neurosurgeon, The Episcopal Hospital, Philadelphia. Illustrations by Barbara R. Finneson. W. B. Saunders Company, West Washington Square, Philadelphia 5, Pennsylvania, 1962. 261 pages, \$8.50.

**DIAGNOSTIC TESTS IN INFANTS AND CHILDREN—Second Edition**—Hans Behrendt, M.D., Associate in Pediatrics, New York Medical College—Metropolitan Medical Center, New York, New York, Lea & Febiger, Philadelphia, Pennsylvania, 1962. 617 pages, 73 illustrations and 117 tables, \$15.00.

**DISSEMINATION OF CANCER—PREVENTION AND THERAPY**—Warren H. Cole, M.D., F.A.C.S., Professor and Head of the Department of Surgery, University of Illinois College of Medicine; Surgeon-in-Chief, Illinois Research and Educational Hospitals, Chicago; Gerald O. McDonald, M.S., M.D., F.A.C.S., Associate Professor of Surgery, University of Illinois College of Medicine; Attending Surgeon, West Side Veteran's Administration Hospital, Chicago; Stuart S. Roberts, M.S., M.D., Instructor in Surgery, University of Illinois College of Medicine; Clinical Fellow, American Cancer Society; and Harry W. Southwick, M.D., F.A.C.S., Clinical Associate Professor of Surgery, University of Illinois College of Medicine; Associate Attending Surgeon and Director of the Tumor Clinic, Presbyterian—St. Luke's Hospital, Chicago. Appleton-Century-Crofts, Inc., 34 West 33rd Street, New York 1, New York, 1961. 462 pages, \$12.75.

**DR. MARY WALKER—The Little Lady in Pants**—Charles McCool Snyder. Vantage Press, Inc., 120 W. 31 Street, New York 1, New York, 1962. 166 pages, \$3.95.

**ESSENTIALS OF GYNECOLOGY — Second Edition, Thoroughly Revised**—E. Stewart Taylor, M.D., Professor and Chairman of the Department of Obstetrics and Gynecology, University of Colorado School of Medicine, Denver, Colorado. Lea & Febiger, 600 Washington Square, Philadelphia 6, Pennsylvania, 1962. 566 pages, 359 black and white illustrations and 12 in color on 6 plates, \$12.00.

**ETIOLOGY OF IDIOPATHIC EPILEPSY, THE**—Harold Geist, Ph.D. Foreword by Charles Kram, Ph.D., Executive Director Federal Association for Epilepsy. An Exposition—University Book. Exposition Press Inc., 386 Park Avenue South, New York 16, New York. 297 pages, \$5.00.

**FUNDAMENTAL SKILLS IN SURGERY**—Thomas F. Nealon, Jr., M.D., Associate Professor of Surgery, Jefferson Medical College. Illustrated by Ellen Cole. W. B. Saunders Company, West Washington Square, Philadelphia 5, Pennsylvania, 1962. 289 pages, \$8.50.

**HAEMOLYTIC ANAEMIAS, THE—Congenital and Acquired—Second Edition—Part II, The Auto-Immune Haemolytic Anaemias**—J. V. Dacie, M.D. (Lond.), Hon. M.D. (Uppsala), F.R.C.P. (Lond.), Professor of Haematology, University of London (Postgraduate Medical School of London). Grune & Stratton, Inc., 381 Park Avenue South, New York 16, New York, 1962. 718 pages, \$7.75.

**ILLUSTRATED MANUAL OF NEUROLOGIC DIAGNOSIS**—R. Douglas Collins, M.D., Captain, USAF, MC, Neurologist, 7505th USAF Hospital, R.A.F. Burderop, Wiltshire, England; former special trainee for the National Institute of Neurological Diseases and Blindness, Jefferson Medical College Hospital, Philadelphia. With a Foreword by Rudolph Jaeger, M.D., Professor and Chief, Department of Neurological Surgery, Jefferson Medical College and Hospital, Philadelphia. J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pennsylvania, 1962. 177 pages, 97 illustrations of neurologic diseases, \$12.00.

**IMMUNOLOGY OF RHEUMATISM, THE**—Jerzy B. Kwapiński, M.D., Head of the Subdepartment of Microbiology of New England, Australia; and Marshall L. Snyder, Ph.D., Professor of Bacteriology, The Dental School of The University of Oregon, Portland. Appleton-

(Continued on Page 33)

STACEY'S for any Medical Book in Print

## NEW BOOK

**PEDIATRICS:** By L. Emmett Holt, M.D., Rustin McIntosh, M.D., and Henry L. Barnett, M.D. 13th ed. 1395 pages. Illustrated. Appleton. \$18.

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## Heart Rate During Sleep Studied By FM System

An FM radio system has enabled researchers to study heart rate patterns of patients during a night of undisturbed, uninterrupted sleep, it was reported in the June 16 *Journal of the American Medical Association*.

The success of the study indicates that the technique, known as radiotelemetry, will make it possible to gather information on bodily functions which were previously difficult to observe, Drs. Gordon H. Ira Jr. and Morton D. Bogdonoff, Durham, N. C., said.

"Though the situation of uninterrupted sleep does not present many technical difficulties, the fact that the observations were made without in any way disturbing the subject suggests that the method will have wide application," they said.

The study revealed that the heart rate of a sleeper decreases gradually during the course of the night and eventually reaches a low point after which it may increase gradually, the researchers reported.

However, they said, the heart rate of persons with hyperthyroidism did not decline during sleep. Pulse rates in these persons ranged from 108 to 118 beats per minute, which were not appreciably lower than their pulse rates while awake, they said.

The study also revealed that there were some periods of increased heart rate during the night which were associated with body movements.

"Simultaneously recorded electroencephalograms [records of brain activity] demonstrated that the depth of sleep lightened at the time that body movement and heart rate increases occurred," they said. "The plane of sleep, therefore, is fairly consistently reflected by the contour of the heart-rate pattern: when there is variability in heart rate, the plane of sleep is light; when there is constancy in heart rate level, the plane of sleep is deep."

Prolonged and uninterrupted recordings of this type have been difficult to obtain because of limits imposed by recording equipment, the two physicians said. Advances in electronic miniaturization have led to the development of transistorized radio instruments which make it possible to signal information without bulky recording equipment, they said.

A transmitter, the size of a package of cigarettes, is used in the new technique, the authors explained. The patient's heart beat is picked up by leads attached to his chest which are connected to the transmitter worn in a wide belt, they said.

The transmitter, operating on a frequency allocated by the Federal Communications Commission, broadcasts an FM signal which is received on a standard FM radio, they said. From the receiver, the signal is fed into a tape recorder and then to other machines for analyzing the data, they said.

The authors are affiliated with the department of medicine Duke University Medical Center.

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Raddin, J.: *Med. Times*, July 1961

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Hootnick, H. J.: *J. Am. Ger. Soc.*, 4:1021-1030, 1956

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"Acts as a tonic besides the fact that it will regulate their bowels."

Marshall, W.: *S. D. J. Med. & Pharm.*, 8:151-153, 1955

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## BOOKS RECEIVED

(Continued from Page 14)

Century-Crofts, Division of Meredith Publishing Company, 35 West 32nd Street, New York 1, New York, 1962. 255 pages, \$9.00.

**INTESTINAL ABSORPTION** — T. Hastings Wilson, M.D., Ph.D., Department of Physiology, Harvard Medical School. W. B. Saunders Company, Philadelphia, Pa., 1962. 263 pages, \$11.00.

**LOGIC OF OPERATING ROOM NURSING**—Jacqueline Willingham, R.N., Director of Nursing Service of Operating Room and Post-Anesthesia Room, Hackensack Hospital, Hackensack, New Jersey. Springer Publishing Company, Inc., 44 East 23rd Street, New York 10, New York, 1962. Paperbound booklet, 93 pages, \$1.75.

**PANCREAS IN HUMAN AND EXPERIMENTAL DIABETES, THE**—Sydney S. Lazarus, M.D., M.Sc. (Med.), Chief of Pathology and Assistant Director, Isaac Albert Research Institute of the Jewish Chronic Disease Hospital; Attending Pathologist and Assistant Director of Laboratories, Jewish Chronic Disease Hospital, Brooklyn, New York; and Bruno W. Volk, M.D., Director, Isaac Albert Research Institute of the Jewish Chronic Disease Hospital. Grune & Stratton, Inc., 381 Park Avenue South, New York 16, New York, 1962. 279 pages, \$10.00.

**PEDIATRIC DIAGNOSIS—Interpretation of Signs and Symptoms in Different Age Periods—Second Edition**—Morris Green, M.D., Associate Professor of Pediatrics, Indiana University School of Medicine; Director, Kiwanis Diagnostic and Outpatient Center, James Whitcomb Riley Hospital for Children; and Julius B. Richmond, M.D., Professor and Chairman of the Department of Pediatrics, State University of New York College of Medicine at Syracuse. W. B. Saunders Company, Philadelphia, Pennsylvania, 1962. 541 pages, \$13.00.

**PEDIATRIC SURGERY—Volume I and Volume II**—edited by Clifford D. Benson, B.S., M.D., F.A.C.S., Clinical Associate Professor of Surgery, Wayne State University Medical School; Surgeon-in-Chief, Children's Hospital of

(Continued on Page 38)

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## BOOKS RECEIVED

(Continued from Page 33)

Michigan; Surgeon, Harper Hospital; William T. Mustard, M.D., F.R.C.S.(C), F.A.C.S., Assistant Professor of Surgery, University of Toronto; Chief of Cardiovascular Surgery, Hospital for Sick Children, Toronto; Mark M. Ravitch, B.A., M.D., F.A.C.S., Associate Professor of Surgery, Johns Hopkins University School of Medicine; William H. Snyder, Jr., M.D., F.A.C.S., Clinical Professor of Surgery, University of Southern California School of Medicine; and Kenneth J. Welch, M.D., F.A.C.S., Instructor in Surgery, Harvard Medical School. Year Book Medical Publishers, Inc., 35 East Wacker Drive, Chicago 1, Illinois, 1962. 1,291 pages in Volume I and Volume II, 59 pages of index, \$42.00.

**PEDIATRICS—Thirteenth Edition**—L. Emmett Holt, Jr., Professor of Pediatrics, New York University School of Medicine; Consultant in Pediatrics, Bellevue Hospital, New York, New York; Rustin McIntosh, Carpentier Professor Emeritus of Pediatrics, Columbia University; Consultant in Pediatrics, Presbyterian Hospital; Former Director of Pediatric Service, Babies Hospital, New York, New York; and Henry L. Barnett, Professor and Chairman, Department of Pediatrics, Albert Einstein College of Medicine, Yeshiva University; Director of Pediatric Service, Bronx Municipal Hospital Center, New York, New York. Appleton-Century-Crofts, Inc., 34 West 33rd Street, New York 1, New York, 1962. 1,395 pages, \$18.00. (This volume represents the Thirteenth Edition of Holt's *Diseases of Infancy and Childhood*.)

**PRACTICAL ANESTHESIOLOGY**—Joseph F. Artusio, Jr., M.D., Professor of Anesthesiology in Surgery and Professor of Anesthesiology in Obstetrics and Gynecology, Cornell University Medical College, New York, New York; Anesthesiologist-in-Chief, The New York Hospital-Cornell Medical Center, New York, New York; and Valentino D. B. Mazza, M.D., Professor and Chairman of the Department of Anesthesia, New York University School of Medicine and Postgraduate Medical School, New York, New York. The C. V. Mosby Company, St. Louis, Missouri, 1962. 318 pages, \$7.75.

**PRIMER OF CLINICAL MEASUREMENT OF BLOOD PRESSURE**—George E. Burch, M.D., Henderson Professor of Medicine, Tulane University School of Medicine, New Orleans, Louisiana; Physician-in-Chief in Medicine, Tulane Unit of the Charity Hospital of New Orleans, New Orleans, Louisiana; and Nicholas P. DePasquale, M.D., Instructor in Medicine, Tulane University School of Medicine, New Orleans, Louisiana; Visiting Physician, Tulane Unit of the Charity Hospital, New Orleans, Louisiana. The C. V. Mosby Company, St. Louis, Missouri, 1962. 141 pages, \$5.50.

**PRINCIPLES OF INTERNAL MEDICINE—Fourth Edition**—T. R. Harrison, Raymond D. Adams, Ivan L. Bennett, Jr., William H. Resnik, George W. Thorn, M. M. Wintrobe, Editors. McGraw-Hill Book Company, Inc., The Blakiston Division, 330 West 42nd Street, New York 36, New York, 1962. 1,947 pages, plus an index of 75 pages, \$19.50.

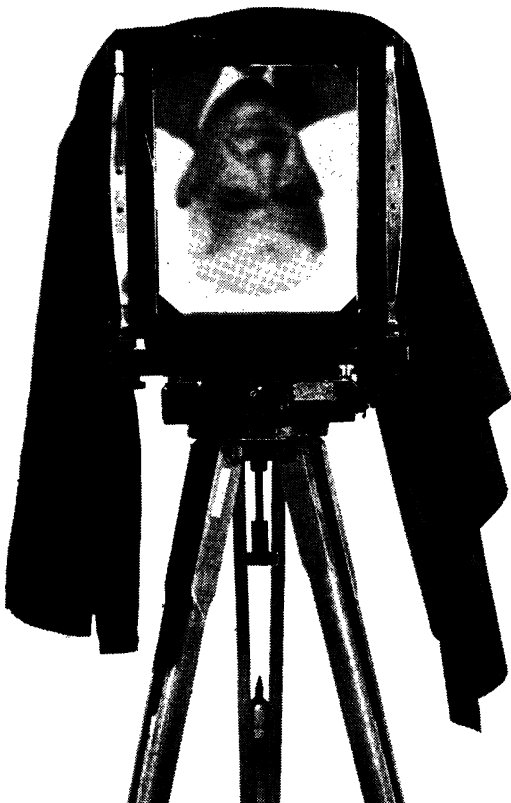
**PROPERTIES OF MEMBRANES AND DISEASES OF THE NERVOUS SYSTEM**—Based on the Symposium, June 1961, Sponsored Jointly by the American Neurological Association and the American Association of Neuro-pathologists, Inc.; Donald B. Tower, Sarah A. Luse, Harry Grundfest. With discussions by Abel Lajtha, Murray B. Bornstein, and Ichiji Tasaki. Foreword by Melvin D. Yahr. Springer Publishing Company, Inc., 44 East 23rd Street, New York 10, New York. 102 pages, \$4.50.

**PSYCHOANALYSIS IN GROUPS**—Alexander Wolf and Emanuel K. Schwartz. Grune & Stratton, Inc., 381 Park Avenue South, New York 16, New York, 1962. 326 pages, \$8.00.

**PSYCHOLOGICAL DEVELOPMENT IN HEALTH AND DISEASE**—George L. Engel, M.D., Professor of Psychiatry and Associate Professor of Medicine, The University of Rochester School of Medicine and Dentistry. W. B. Saunders Company, Philadelphia, Pennsylvania, 1962. 435 pages, \$7.50.

**SEX IN MARRIAGE—New Understanding**—Dorothy Walter Baruch, Ph.D., and Hyman Miller, M.D. A Hoeber-Harper Book, Harper & Brothers, 49 East 33rd Street, New York 16, New York, 1962. 277 pages, \$4.95.

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CALIFORNIA MEDICINE

# California M E D I C I N E

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

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AUGUST 1962

Number 2

## Correctable Cardiac Failure

ARTHUR SELZER, M.D., and FRANK GERBODE, M.D., San Francisco

IN SPITE OF DRAMATIC ADVANCES in the treatment of hypertensive diseases, the term "curable" hypertension can only be applied to the relatively small group of cases in which the cause of hypertension can be removed surgically, such as coarctation of the aorta, pressor-substance producing tumors, or correctable renal and renal-vascular disorders. Other forms of hypertension can at best be controlled by continuous therapy. An analogous situation has been created by recent surgical strides in the treatment of chronic cardiac failure, for in a growing number of conditions the cause of failure can be removed surgically, reversing otherwise intractable heart failure.

There are few concepts in clinical medicine that match cardiac failure with regard to the controversy and confusion surrounding its clinical, physiological and metabolic definition. The introduction of modern, precise physiological methods into clinical medicine helped to clarify many points but at the same time brought into focus other unanswered questions. However, two concepts can be considered as generally accepted: (a) the two ventricles can fail and recover from failure independently of each other; (b) heart failure is usually caused by increased work—"overload" of a cardiac ventricle.

The work of the heart is expressed in physiological terms as a product of the quantity of blood ejected

• The concept of reversible cardiac failure has hitherto been applicable mostly to rare instances of acute afflictions of the myocardium wherein cardiac compensation returns with the healing of the process. Recent strides in cardiac surgery have brought into focus a wide variety of conditions where operative removal of the cause of heart failure can successfully restore compensation.

The concept of increased work of the heart—cardiac overload—is presented and classified with special reference to those forms where surgical removal of the cause of the overload is possible.

Now, since surgical treatment of a patient in functional class IV need no longer entail risk of prohibitive mortality, a careful search is indicated in patients in a state of chronic cardiac failure, particularly in the younger age group, for a correctable factor or factors.

into the arterial system and the pressure against which it is expelled. It follows that overloading of a ventricle can occur when the output is excessive or the pressure elevated. Physiological increase in cardiac work occurs during exercise, when cardiac output rises; during stress and excitement when pressure is increased. Pathological cardiac overload occurs when pressure overload or volume overload occurs continuously rather than intermittently. Such pathological overload stimulates a compensatory increase in muscle mass—cardiac hypertrophy—which can, for variable lengths of time, maintain an adequate circulation in spite of its overloading. Eventually the hypertrophied ventricle becomes inefficient and the symptom complex

From the Institute of Medical Sciences, Presbyterian Medical Center, San Francisco 15.

Presented at the Eighth Annual Symposium on Cardiovascular Diseases of the Monterey County Heart Association, Fort Ord, January 20, 1962.

Submitted March 5, 1962.

## EDITORIAL

### The Next Step

PRESIDENTIAL HOPES for enactment of the King-Anderson Bill were sent into a tailspin last month when the Senate, by a 52 to 48 vote, adopted a motion to table a proposal to tack this measure onto an otherwise acceptable welfare bill.

Obviously many physicians took comfort from the fact that for all practical purposes the issue of King-Anderson is dead for the remainder of 1962. So many doctors had followed the progress of the campaign that in its terminal period there was great satisfaction in the rallying of allied forces and the decline of administrative optimism.

There remain two unfortunate aspects of this proposal, both of which must be faced and dealt with. First is the fact that medical care for the aged has been turned into a political football. Second is the fact that King-Anderson proposals will be reintroduced in the early days of 1963.

Coping with the business of political blandishments to the aged will be extremely difficult. The politician with an axe to grind and with easy access to all media of communication can build an attractive proposal which is bound to appeal to a considerable proportion of the 17 million voters of 65 years or older. Through such a proposal he can promise immediate benefits to this large group and future benefits to those less elderly.

Many incumbent members of Congress will use this approach to the voters in the November election. Likewise, many aspirants for Congressional seats will use the care-for-the-aged approach in opposition to incumbents who were on record as opponents of the social philosophy of the measure.

Thus in 52 instances, Senators who voted to table the Senate bill will be haunted in their campaigns for reelection, either this year or two or four years hence.

Members of the House of Representatives, who were spared the roll call vote, will not have the same problems of reelection as the Senators, with the ex-

ception of a few outspoken opponents of King-Anderson legislation who placed their philosophies squarely before their constituents. Most members of the lower house were content to walk a narrow line and were doubtless happy that the issue was settled in the Senate.

If the presidential statements relative to making legislation of the King-Anderson type the prime campaign issue in November are carried out, we can expect any legislator who opposed this measure to be charged with favoring neglect of care for the aged.

As to the second residue, the fact that similar legislation will be introduced in the new Congress next January, much more of a constructive nature is possible.

In the first place, the medical profession and its allies have gained five months of time. During this period, further progress will be made in implementing the Kerr-Mills legislation already on the statute books. Time is gained for further consideration of implementing legislation in those states which have not already acted in this direction. Time is gained for improving implementing legislation in those states where such legislation exists but may need amending.

It is noteworthy that the California delegation to the American Medical Association introduced a resolution in June calling for (a) reaffirmation of support of Kerr-Mills, (b) prompt consideration of implementing legislation in those states which have not yet acted in this direction, and (c) amendments to legislation in those states where such amendments may be indicated on the basis of experience. Where state legislation to implement federal grants is required promptly, it is unavoidable that the programs adopted by the various states will be of wide variety and that some of the programs, enacted on an empirical basis, will need revision. Where changes are indicated by experience, they should be made.

In similar fashion, the five months gained at this time will permit the Blue Shield plans and other vol-

# California MEDICAL ASSOCIATION

## NOTICES & REPORTS

### Transactions of the House of Delegates

San Francisco, April 14 to 18, 1962

*Note: The following report of the transactions of the House of Delegates of the California Medical Association is selected and abridged. A complete transcript of all proceedings is on file in the Association office in San Francisco and available for the inspection of all members.*

#### REFERENCE COMMITTEES

COMMITTEES APPOINTED by Speaker James C. Doyle at the first meeting of the House of Delegates Saturday evening, April 14, were as follows:

*Committee on Credentials:* John Galgiani, San Francisco, chairman. (In order to speed up registration two boards were appointed, one board to deal with registration of the county delegations starting with "A" through "L," the other starting with "M" and going through "Z" and also dealing with registration of the Past Presidents and Councilors.)

A through L Board: Robert L. Blackmun, Los Angeles; Robert M. Dorn, Beverly Hills; Horace F. Sharrocks, Sebastopol; David J. New, Modesto; Chester Tancredi, San Diego; Allen C. Mitchell, Monterey.

The M through Z Board: John V. Pollack, Los Angeles; Charlotte C. Baer, San Francisco; William T. Bender, San Francisco; Forrest M. Willett, San Francisco; Edward J. Twigg, Alameda; Sidney P. Mitchell, Santa Clara.

*Reference Committee 1.* (This committee reviews the reports of the officers, the Council, the commissions, and standing and special committees.) James

Yant, Sacramento, chairman; George Herzog, San Francisco; Dudley Cobb, Jr., Los Angeles; Donald Abbott, Riverside, alternate.

*Reference Committee 2.* (This committee on finance reviews the reports of the secretary and executive secretary and studies and makes recommendations to the House of Delegates on the budget submitted by the Council and the amount of dues for the ensuing year.) James J. Benn, Jr., Ripon, chairman; Stanley Truman, Oakland; Ian Mac-

OMER W. WHEELER, M.D. . . . . President  
SAMUEL R. SHERMAN, M.D. . . . . President-Elect  
JAMES C. DOYLE, M.D. . . . . Speaker  
IVAN C. HERON, M.D. . . . . Vice-Speaker  
CARL E. ANDERSON, M.D. . . . . Chairman of the Council  
BURT L. DAVIS, M.D. . . . . Vice-Chairman of the Council  
MATTHEW N. HOSMER, M.D. . . . . Secretary  
DWIGHT L. WILBUR, M.D. . . . . Editor  
HOWARD HASSARD . . . . . Executive Director  
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### SECRETARIES OF THE SCIENTIFIC SECTIONS

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ANESTHESIOLOGY . . . . . James S. West, M.D.  
Box 8914, Los Angeles 8

DERMATOLOGY AND  
SYPHILOLOGY . . . . . Herbert L. Joseph, M.D.  
1516 Napa Street, Vallejo

EAR, NOSE AND THROAT . . . William F. Baxter, M.D.  
762 Altos Oaks Drive, Los Altos

EYE . . . . . James F. Kleckner, M.D.  
3731 Stocker Street, Los Angeles 8

GENERAL PRACTICE . . . . . Herbert A. Holden, M.D.  
383 West Joaquin Avenue, San Leandro

GENERAL SURGERY . . . . . David B. Hinshaw, M.D.  
Room 9440, 1200 North State Street,  
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INDUSTRIAL MEDICINE AND  
SURGERY . . . . . Carl E. Nemethi, M.D.  
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ORTHOPEDICS . . . . . Edwin G. Bovill, Jr., M.D.  
450 Sutter Street, San Francisco 8

PATHOLOGY AND  
BACTERIOLOGY . . . . . Richard O. Myers, M.D.  
Valley Presbyterian Hospital, 15107 Vanowen Street,  
Van Nuys

PEDIATRICS . . . . . Lawrence E. Reck, M.D.  
2950 Sixth Avenue, San Diego 3

PHYSICAL MEDICINE . . . . . Frances Baker, M.D.  
1 Tilton Avenue, San Mateo

PREVENTIVE MEDICINE AND  
PUBLIC HEALTH . . . . . Herbert Bauer, M.D.  
Yolo County Health Department, P.O. Box 532, Woodland

PSYCHIATRY AND NEUROLOGY . Henry S. Colony, M.D.  
411 30th Street, Oakland 9

RADIOLOGY . . . . . Walter Gaines, M.D.  
120 St. Matthews Avenue, San Mateo

UROLOGY . . . . . Henry Bodner, M.D.  
4911 Van Nuys Boulevard, Van Nuys

## Psychic Factors Found In Bleeding Disorder

Emotional problems appear to be related to chronic purpura, a bleeding disorder, in much the same way that psychological factors have been linked to bleeding stigmata, according to Drs. David P. Agle and Oscar D. Ratnoff, Cleveland.

A study of nine women with purpura, a condition in which blood spreads abnormally into the skin and creates purple areas, revealed that all had previously experienced hysterical symptoms, the two physicians wrote in the June *Archives of Internal Medicine*, published by the American Medical Association.

The emotional background of these patients "displays similarities to that previously described in some individuals with bleeding stigmata," they said.

Perhaps the most extensively studied stigmatized individual of this century has been Theresa Neumann of Konnersreuth, the authors pointed out. Prior to the first appearance of the stigmata, reproducing the wounds of Christ, Miss Neumann had alternating episodes of blindness, deafness, convulsions, bleeding, and paralysis, they said.

Similar episodes have been described in Mohammedans in whom bleeding simulating the battle wounds of their prophet have appeared during times of deep contemplation, they said. A number of case reports describe bleeding episodes unrelated to

religious experience in patients with various emotional problems, they said.

Their own study suggests that "purpuric bouts" occur at times of emotional stress, the two researchers said. Among stresses reported in the nine patients were fear, resentment, anxiousness, despair, and anger directed outwardly and inwardly, they said.

Eight of the group admitted that they had severe problems in their relationship to members of their family, they said. Bleeding symptoms disappeared in two patients after their husbands died, they said.

In addition to hysterical reactions, such as hallucinations, loss of speech and paralysis, they said, the patients also demonstrated masochistic traits, i.e., an actual enjoyment of hardship.

The authors said they planned further investigations of influence of emotional factors on bleeding episodes in known organic diseases, such as hemophilia.

Dr. Agle is affiliated with University Hospitals of Cleveland. Dr. Ratnoff is professor of medicine, Western Reserve University School of Medicine.

A GORDH NEEDLE FOR INFANTS—P. J. Horsey. *Lancet*—Vol. 1:622 (March 24) 1962.

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## Graduate Courses Offered For Teachers in Nursing Field

Three universities in California offer graduate programs which prepare teachers for all types of educational programs in nursing and administrators, supervisors and clinical nursing experts for nursing service agencies. To meet future needs for leadership personnel in nursing it is estimated that, by 1975, approximately 700 nurses should complete masters and higher degree programs in nursing and related fields. In 1960 less than 100 nurses completed such programs.

It is estimated that, at present, 95 per cent of teachers in basic nursing programs, 57.5 per cent of public health nurses and 12 per cent of hospital nurses hold one or more college degrees. Of the teachers in baccalaureate and higher degree programs 77 per cent hold masters degrees and 4 per cent hold doctors degrees; of those in associate degree programs 41 per cent hold masters degrees and of those in diploma programs 21 per cent hold masters degrees.

Of registered nurses in California 55.5 per cent are employed in hospitals, 13.1 per cent in office nursing, 11.3 per cent in private duty, 9.1 per cent in public health and school nursing, 3.4 per cent in industrial nursing, 2.1 per cent in schools of nursing, and the remainder in various type of positions.

Of licensed vocational nurses 68 per cent are em-

ployed in hospitals, 21.5 per cent in private duty and home nursing, 18 per cent in clinics and outpatient departments, 15.5 per cent in nursing homes or sanitariums, 10 per cent in physicians offices, 3 per cent in nursery schools and 3 per cent in visiting nursing in homes.

From a survey of over 6,000 nurses employed in hospitals in 14 counties in California in 1960 it was found that 52 per cent were married, 28 per cent were single and 20 per cent were widowed or divorced. Of these nurses 34 per cent were under 30, 47 per cent were between 30 and 49, and 19 per cent were 50 years or over.

## Physical Activities Studied In Rheumatic Heart Patients

Restriction of physical activities in certain patients following rheumatic fever may serve "no useful purpose," a study reported in the June 23 *Journal of the American Medical Association* suggested.

The observation applies only to patients who have recovered from an acute attack of rheumatic fever without serious heart damage, according to Drs. Alvan R. Feinstein, Harry Taube, Ralph Cavalieri, Stanley C. Schultz, and Lawrence Kryle, New York City. Restrictions on activities in such patients are aimed at preventing heart damage, they said.

A total of 216 patients who had recovered from

(Continued on Page 51)

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1. Ford, R. V.: Clin. Res. Notes 2:1 (Dec.) 1959. 2. Ford, R. V.: Cur. Therap. Res. 2:92 (Mar.) 1960. 3. Elliott, J. P., Jr., and Goldman, A. M.: South. M.J. 54:794 (July) 1961.

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## Physical Activities Studied In Rheumatic Heart Patients

(Continued from Page 49)

rheumatic fever were studied in an effort to determine whether physical and scholastic restrictions were related to the progression or development of heart disease, they said.

All of the patients were "asymptomatic," that is, they may have had abnormal heart murmurs, x-rays, or electrocardiograms, but strenuous exercise produced no noticeable discomfort, they said. The patients were examined annually at the Irvington House After-Care Clinic for an average of 21 years after their attack of rheumatic fever, they said.

The results indicated that improvement or deterioration in the patients' heart condition had no direct relationship to the presence or absence of restrictions on activities, the researchers said.

Among 141 patients whose school activities had been restricted, the heart condition of 86 per cent remained unchanged or improved while in 14 per cent it became worse, they said. Of 75 patients with no school restrictions, the heart condition remained the same or improved in 92 per cent while it became worse in 8 per cent, they said.

The heart condition became worse in 15 per cent of 66 patients whose after school hours activities were restricted and in 11 per cent of 150 who observed no such restrictions, they said.

After completion of schooling, worsened heart conditions were found in 14 per cent of 42 patients who observed restrictions and in 11 per cent of 174 patients who did not, they said.

Psychosocial aspects of restriction of activities also were studied, the researchers said. The findings indicated that in some cases restrictions had adverse effects on scholastic, occupational and marriage plans, they said.

"These results suggest that no useful purpose is served by many of the scholastic, athletic, vocational, and other physical restrictions that are often imposed upon the asymptomatic post-rheumatic fever patient," the authors concluded.

"These restrictions do not seem to prevent or to augment cardiac deterioration and they may create unpleasant psychosocial effects that negate any of the anticipated medical advantages."

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AMODIAQUINE HYDROCHLORIDE IN TREATMENT OF CHRONIC DISCOID LUPUS ERYTHEMATOSUS—A. Maguire. *Lancet*—Vol. 1:665 (March 31) 1962.

Seventeen patients were treated for chronic discoid lupus erythematosus with amodiaquine hydrochloride. All patients were of marked chronicity and in the past had received at least one other antimalarial drug. Sixteen had a good response to the drug, and in some the response was dramatic and excellent. Few serious side effects were observed. The dosage appeared to be not more than 200 mg. daily, and usually 200 mg. 3 times a week sufficed.

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1. Cohen, B. M.: *M. Times* 88:855 (July) 1960. 2. Cohen, B. M.: *Méd. et Hyg. (Genève)* #494, p. 210 (Mar. 15) 1961.

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## Type of Hand Not Related To Talent, Strength

The size of a person's hand is not significantly related to its strength or ability, according to an article in the *July Today's Health*, published by the American Medical Association.

"Among musicians, physicians, artists, athletes, and all others who depend on their hands to earn a living there is an infinite variety of stubby fingers, slender fingers, large hands, and small hands," the article said.

Directed by a disciplined, determined brain, human fingers can be trained to perform amazing feats, it said. A master pianist can strike 120 notes per second, it said, and a skilled surgeon can tie strands of silk thread into tight knots inside the human heart with two fingers.

The hands are the busiest, most complex instruments of the entire body, and the thumb is the busiest and most important of its digits, according to the article entitled "What Science Knows About Your Hands."

"Because of the thumb's unique ability to cross over and link up with any one of the other fingers for a pinch, grab, or squeeze, we can get along with one thumb and one other finger," it said. "In a serious hand injury, surgeons try first to save the thumb."

The other fingers are markedly different in strength, the article pointed out.

"In the average person, the middle finger is the strongest, followed in order by the index finger, the fourth finger and the little finger," it said. "Fingers two and three are the fastest of the five. The little finger is the slowest, but finger four is considered by teachers of music and typewriting to be the least responsive to training because of an innate muscular weakness."

Because of its intricate arrangement of nerves and muscles, the hand is highly vulnerable to any injury, the article said. Even a sprained finger should be properly splinted for two to three weeks or painful swelling may continue for months, it said.

Falling with a glass bottle can cause such terrible cuts that small children should never be permitted to play with or be sent on errands with glass containers, it said.

"Our hands deserve careful treatment," the article said. "As tools of learning, working, and communicating, they can be considered the fundamental vehicle of human thought—partner with the brain in forever separating man from the rest of the animal kingdom."

The article was written by Evan McLeod Wylie.

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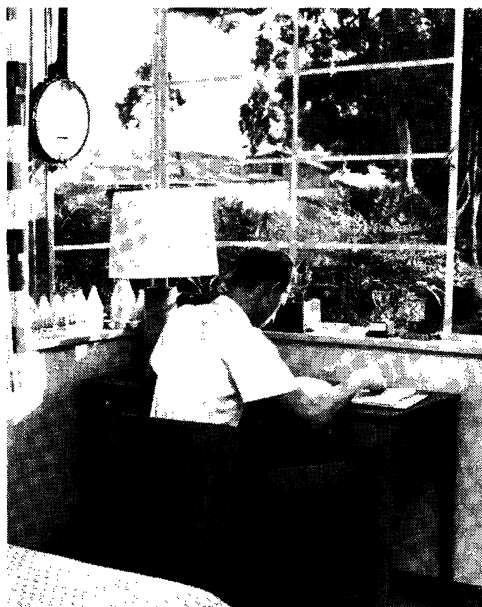
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**Yogis Able to Make Pulse Inapparent**

Yogis are able to accomplish "amazing tricks with their pulse rate and blood pressure," according to Dr. Albert Salisbury Hyman, New York City.

Yogis are followers of yoga, a Hindu philosophy of mental discipline.

In a letter to the June 16 *Journal of the American Medical Association*, Dr. Hyman said a study he made 35 years ago showed that no pulse could be detected at the wrist of a trained Yogi who "willed the pulse to stop."

Since Yogi methods teach selective muscle contraction and relaxation, it is mechanically possible for them to stop or diminish the pulse, he said. A Yogi can constrict the main artery leading to the arm by contracting certain upper chest muscles, he said.

**Age Is No Bar to Cataract Surgery**

Old age is no barrier to the surgical correction of cataracts, according to an editorial in the June 23 *Journal of the American Medical Association*.

A cataract is an opacity of the lens of the eye which results in loss of sight when the lens becomes entirely opaque. A cataract generally results from the gradual degeneration of the lens tissues and occurs most commonly in older persons. The condition can be corrected by the surgical re-

(Continued on Page 58)



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## New Approach Reported to Acne Therapy

A drug chemically related to the female sex hormone estrogen has been found to suppress oiliness in the skin and alleviate acne, according to Dr. Walter C. Herold, Colorado Springs, Colo.

In a preliminary report on a study involving 27 acne patients, Dr. Herold said the drug, 16-epiestriol-3-allyl ether, was found capable of decreasing sebaceous gland activity.

His report was published in the May *Archives of Dermatology*, published by the American Medical Association.

As anticipated, Dr. Herold said, a definite correlation between the amount of oil and the degree of acne was found. As the oil decreased he said, the acne decreased.

Treatment of acne has been directed mainly toward removing or covering up excessive amounts of oil, he said, but it is much more satisfactory to decrease or eliminate the formation of excessive oil in the first place.

Of 17 men and 10 women studied, he said, most were under treatment for several months.

Only three patients failed to show any improvement, he said. Ten showed marked improvement and 10 moderate improvement, he said.

Observed complications were minimal, he said. "This drug could prove extremely valuable in an

appreciable number of well-chosen patients and therefore warrants thorough investigation," Dr. Herold concluded.

## Age Is No Bar to Cataract Surgery

(Continued from Page 56)

removal of the clouded lens after which cataract glasses are prescribed to replace the natural lens.

"Old age is never a contraindication to cataract surgery," Dr. Charles V. Barrett, Evanston, Ill., said in a signed JAMA editorial. "Certainly, there are few contraindications to cataract surgery. The patient actually requires only a modicum of health and a need for improved vision."

Barring complications, he said, cataract surgery is a "relatively benign procedure from start to finish."

In the premodern era, Dr. Barrett said, multiple operations for the condition were not unusual. However, he said, the present-day procedure is becoming increasingly easier and safer.

The patient usually is up the day after the operation and goes home within a week, he said.

"The restoration of vision in the aged does much toward the maintenance and improvement of the other faculties of mind and body," Dr. Barrett said. "Many an allegedly psychotic older patient has returned to reality through the medium of cataract surgery."

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